TION is very important. See instructions on back of certificate.

of OCCUPA-

. Every item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Cecil-	Registration Dist. No.
Village or City* Elk ton	NoSt Ward
[s] (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William 2. Orotton	If U. S. Veteran, specify WAR
(a) Residence: No. 257 & Zuaux (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) The color of the color	21. DATE OF DEATH Lee 25 193 6
5a. It married, widowed, or divorced HUSBAND of D. The William Bratton	(Month) (Day) (Year)
HUSBAND of Bartha Wilson Bratton	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 8 /868	I last saw h alive on Dee 25 1932; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 1030 p. m.
68 6 17 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were tollows:
1 8 Trade profession or particular C 1 7	aculi Cardiae Orthobon Data of onset
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) 12. Total time (years) this occupation (month and 1836 year) occupation occupation	
FLXX- 1	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 22 ary Law	Chan Enlocately
	The state of the s
14. BIRTHPLACE (city or town) New Costle Country	Name of operation
(State or country) Delaware	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Rease	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Scesar Rease 16. BIRTHPLACE (city or town) Randalia Cacil Cu (State or country)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Les Con Constitution (Address) Electore Lind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CONTROL DATE DEC 28, 1936	Manner of Injury
74. W7	
19. UNDERTAKER (Address), Elitoria Irak	24. Was disease or injury in any way related to occupation of deceased?
2011/26. 36 Ximan 12000	(Signed) Thereet Bole, M.D.
20. FILED Registrar.	(Address) Elklon and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I / E	1	Example II	
The principal cause of death and related causes of importance were as follows: 5 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

107-a1	egistration Dist. No. 91/
No. (If death occurred in a hospital or institution, g	Ct Word
St., Ward.	
	f nonresident give city or town and State
21. DATE OF DEATH	IFICATE OF BEATH
lecenh	nth) (Day) (Year)
Mec. 23 ,193.	ERTIFY, That I attended deceased from 6, to Alec. 3 / 1956; death is said e, at 2 m.
The PRINCIPAL CAUSE OF DEATH and were es follows:	related causes of Importance
were es ronows.	Data of onset
Hal suhi tini	
Other Contributory Causes of importance	Para
Name of operation	Date of
What test confirmed diagnosis?	Was there an au'opsy? Mo
23. If death wes due to external causes (V	
	, Date of injury, 19
Where did injury occur?	
Specify whether injury occurred in INDU	ecify city or town, county and State) STRY, in HOME, or in PUBLIC PLACE.
Menner of Injury	
Nature of injury	
24. Was disease or injury In any wey relai	
If so, specify	-1
(Signed) Me I ford	y: Apricker M. D.
(Address) // O	Atm hal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M)	H
	NENT ECORD	be stated EXACTLY,
BINDI	PERMA	should tit may
FOR	IS A	L. ACE
MARGIN RESERVED FOR BINDIN	WRITE PI NLY, WITH UNFADING INKTHIS IS A PERMANENT ECORD	ry item of information should be carefully supplied. ACE should be stated EXACTLY, PHY
	PI	of in
1	RITE	item i shou
	3	INS

V. S. No. 1

1	16400
PLACE OF DEATH	STATE OF MARYLAND
County Cecil	CERTIFICATE OF DEATH
	0 0
00 1/11	Registration Dist. No. 93
Village or City herry fell (No.	St.: Ward) (If death occurred in
1.00:	tion, give its NAME in
2FULL NAME William C. J.	nogan stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	
3 SEX 4 COLOR OR RACE 5 SINGLE,	MEDICAL CERTIFICATE OF DEATH
MARRIED. WIDOWED. idowa	16 DATE OF DEATH Dec 2
OR DIVORCED (Write the word)	(March) (D-) (T-)
DATE OF BIRTH	[[(Month) (Day) (Year) [17 I HEREBY CERTIFY, That lattended the deceased from
(1)10 23 85	1932 to dec 1936
Month) (Day) (Year)	that I last saw here alive on Nov. 29 1976
7 AGE If LESS tha	-
A l day hrs	
5 3 yrs. 3 mos. ds. or min.	
B OCCUPATION (a) Trade, profession or 7	
particular kind of work of army Cleffied	
(b) General nature of industry	
business, or establishment in 22 years	(Duration) yrs. mos ds.
BIRTHPLACE	Contributory Chronic myoca detis
(State or country)	Secondary
10 NAME OF	(Duration) yrs mos ds.
FATHER MINISTER Brown	(Signed) M. D.
() 11 BIRTHPLACE	73 1916, (Address) Will we
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER Margaret Causin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
C O D	Former or
(Informant) and Grogan	usual residence
(Address) Menulden Pa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Cherry fell M.E Ne 2. 1936
Filed bee 5 1936 CS Grand	20 UNDERTAKER ADDRESS
Registrar	Joseph T. Tranh north Cook Md
If more branks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. busine., that fact may be indicated thus; Farmen (reor given up on account of the DISLASE CAUSING DEAPH Housemuid, etc. If the occupation has been changed laborer, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it gaged in domestic service for wages, as Servant, Coult ployed as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the to report specifically the occupations of household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. Physicium, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Duy For persons who have no occupation (b) Automobile factory. The materia Laborer-Architect, Coul mine, etc. Wom-Locomoline engineer not gainfully em-But in many 6 persons en-Grocery

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*crebrospinal*) fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "(*roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

perman

antly filed

ed in detail, it will prevent further correspondence.

All the

essential and must be obtained before the certificate is

Tidquus) may be stated under the head of "contributory Papuroved by Committee on Nomenclature merican Medical Association.) "(Recommendations on statement of cause of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicucnia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc., "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, mencurbolic acid—probably suicide. The n ture of the injury, fracture of skull, and consequences (e.g., sepsis his certificate is looked over thoroughly and a l qu stions Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be Chronic valvular heart discase; etc. The contributory Always qualify all of the dent

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12467
1. PLACE OF DEATH	
County (Cal	Registration Dist. No. 9/
Village or City Chesadeahelite	
	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Mary 6. Brooks	If U. S. Veteran, specify WAR
(a) Residence: No. Off paperhelity	Ward. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE) OR DIVORCED (write the word)	21. DATE OF DEATH December 21 1936
5a. If married, widowed or divorced	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.) I HEREBY CERTIFY, Thet I attended decessed from
2-224	Dec 21, 1936, to 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at
7.5 1 day,hrs.	was as fullows.
8. Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	A A
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cardiovasiulas
10. Date deceased last worked at 11. Totel time (years)	10. 9. 4
this occupation (month and spent in this occupation occupation	Museulsess
Eleton	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
	Clute All atations of
13. NAME (Travel) Brooks 14. BIRTHPLACE (city or town) Has ford County	The formation of mestern
14. BIRTHPLACE (city or town) (State or country) (State or country)	Neme of operational near Dete of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rebrace Roberts 16. BIRTHPLACE (city or town). Cecil Coverty	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(Stete or gountry) May Laus	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Chies peake Ot My	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marion Carretty Dete Dec 24, 1936	
)J 11-P:	7,
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupetion of deceased?
12/11/12/12	(Signed) Acres Wareh M. D.
20. FILED 124 , 1936 B H. Brown Registrer.	(Signed) M. D. (Address) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HINEAU V. S	7		
	- i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

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- William W	. 5. (1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12469
1. PLACE OF DEATH	(131)
County Guel	Registration Dist. No. 92
Village or City Ellston	No. Min Hosp. St., Ward
Langth of rasidanca in city or town whara death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME archie m. Brown	If U. S. Veteran, specify WAR
(a) Residence: No. Cononing	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	December 7 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olice & Brown	22. I HEREBY CERTIFY, Thet I ettanded deceesed from
S DATE OF BIRTH (month day and year) Oct 14 1856	l lest saw h. h. alive on Lee: 7 19-3 deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ 40 m.
8-0 / 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 8 Trade profession or particular	were as follows: Oate of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cardio vascular Renal
9. Industry or business in which work was done, as SILK MILL,	disease -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased lest worked et this occupation (month and	
this occupetion (month and spent in this occupation 50.1/2.	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) application is . Pa	
13. NAME Unknown	
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)	Neme of operation Date of
(Stata or country)	What tast confirmed diagnosis? Columbia Was there an autopsy? (4)
E 15. MAIDEN NAME mary Brown	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME many Brown 16. BIRTHPLACE (city or town)	Accident, sulcida, or homicide?Oate of Injury19
∑ (State or country) Unbrown	Where did injury occur?
17. INFORMANT Mo. Gloge Can. (Addrass) Manage Md. 18. 11.0.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Pa	Manner of Injury
pacelegant JuneOated le 11, 1936	Nature of Injury
19. UNDERTAKERS, & Jusen	24. Was disease or injury in any way related to occupation of decaased?
(Address) / Posens Len Md.	If so, specify
20. FILEO /8- 1986 J. Brausi Frayer	(Signed) Mi Yord X. Sprecher M. D.
Registrar.	(Addrass) & Elletty, hid
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1937	July 5,1927	Perilonilis	3 days ago
WINEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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Cerebral hemorrhage	July 5,1927	Peritonitis.	3 days ago
		E MM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ould state	STATE O 1. PLACE OF DEATH County beat	F MARYLAND—	CERTIFICATE OF DEATH Registration Dist. No	12471	
s sh	Village or City Outside D	2,-	NoN		
Ever. YSICIAN statemen	2. FULL NAME Revecea (a) Residence: No. Outlands of	Jane Gameron. Riaing San (Usupplace of abode)	If U. S. Veteran, specify WAR		
et E	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH	
NT RECC LY. PH' d. Exact	3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Da	7 , 193 36 1y) (Year)	
BINDING FRMANENT EXACTLY y classified.	5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of William R. B.	ameron	22. O I HEREBY CERTIFY That OCC 7 , 15 St. to. De	t I attanded decaasad from	
SINI ERM EX / clas	6. DATE OF BIRTH (month, day, and year)	une 23. 1861	I last saw h_L(_ alive on_ A)ee)	, 19. 3 6; death is said	
	7. AGE Yaars Months	Oays If LESS than	to have occurred on the data stated above, at 2:0.5 Pm.		
FOR IS A I stated properlectifical	75	1 4 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of imp	ortanca Oata of enset	
RESERVED F G INK—THIS IS GE should be st that it may be pr ons on back of cer	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Hovoluije	Unite Cardine Fa	ilevre ?	
RESE VG INF AGE sh that it ons on	10. Oate decaased last worked at this occupation (month and yaar) (\$2.4	11. Total time (years) spent in this occupation	4		
DIN DIN So 1	12. BIRTHPLACE (city or town)	md.	Other Contributory Causes of importance: Pluis: d	ue to 140/31	
ARGIN UNFADI pplied. terms, se	& 13. NAME Howard &c	raiborough	accidental fell. Existe		
4 F B W	T 2	n	Name of operation	Date of	
ro	[Stata or country)	md.	What tast confirmed diagnosis?		
T, WITH carefully TH in pla	15. MAIDEN NAME Mary On	m means	23. If death was due to external causes (VIOLENCE) fill in also		
, W irefu I in tant	15. MAIOEN NAME may 0	on .	Accident, suicide, or homicide? Decodest Date of injury Dec. 3.24, 19.34		
INCY, WI be carefu EATH in I	∑ (Stata or country)	nd:	Where did injury occur? Mr., Riving Suora Cesil County many and State) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury Casadeatal hall.		
A bid y	17. INFORMANT Walliam los	meion			
Shou OF	18. BURIAL, CREMATION, OR REMOVAL	1			
ITE ON SEE SE	Placa Mart Nothinghan	Date BC 10 , 1936	Natura of injury Fractured pelica.		
WRITE mation s CAUSE TION is	19. UNOERTAKER LES LA GRANA (Address)		24. Was disease or injury in any way related to occupation of deceased?		
V. S. No.	20. FILEO. 12-9 1936	nington Registrar.	(Signed) Grange William A	use tul	
(frit	Burs 12-9-19 199	Slanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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THE PART OF THE PA				
Other contributory causes of importance:		Other contributory causes of importance:	3	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

L PLACE OF DEATH	The second second second		9	
County Ged	7			Registration Dist. No. 92
Village Or City	elm	(If		st., War tution, give its NAME instead of street and number)
1	, Pl	rsmos	now long in 0.5. If	of foreign birth?yrsmosd
2. FULL NAME Julgen	ia Louis	ac So	ule	
(a) Residence: No. 129	(Osual place of abo	ode)	St., Ward.	If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICUL	LARS	MEDICAL	CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, OR DIVORCED (w		21. DATE OF DEATH	(Month) (Day) (Yaar)
. If married, widowed, or divorced HUSBAND of			22. I HEREB	V 0 = = = 1 = V = 1 = 1 = 1 = 1 = 1 = 1
(or) WIFE of	Julie Jan 19		DSL W	Y CERTIFY. That I attended dacaasad from 19 50 19 50
DATE OF BIRTH (month, day, and year)	2no /3 -	1936	I last saw h. Qu. alive on	DSC 30 , 19 36 ; death is sa
AGE Years Months		If LESS than	to have occurred on the data sta	
	1 / / / 1	mln.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of Importence
8. Trade, profassion, or particular kind of work done, as SPINNER.			1,,,,	f. C.f.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			waso	June Cough pu
work was done, as SILK MILL, SAW MILL, BANK, etc				15
10. Date deceesed lest worked at	11. Total tima (y	/aars)		
this occupation (month and year)	spent In t	this -	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
BIRTHPLACE (city or town) Mary (State or country)	y lamal		Other Coutributory Causes of im	portance:
13. NAME They Will	20 10	Parle		
1	and U.	Carell .	Name of annuation	D.A. of
14. BIRTHPLACE (city or town)(State or country)	region	a	Name of operation What test confirmed diagnosis?_	Data of
15. MAIDEN NAME Milds - a	1. 9	ala.		auses (VIOLENCE) fill in also the following:
16 PIDTURI ACE (situate Aces)	21	-1		Date of injury
(State or country)	and der		Where did Injury occur?	Date of Injuly
INFORMANT SALES STORY OF SALES	V. Clark	2		(Specify city or town, county and State) in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	- 1	4	Manner of injury	
Placa Etherin Cemulas	20ate Som	2,1936	Nature of injury	
UNDERTAKER Signature (Address)	18/ aben	malh		way related to occupation of deceased?
FILED 2 1977 F	Drawn Fr	azeh	(Signad)	/ Miller M.

CTATE OF MADVI AND

CEDTICICATE OF DEATH

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Cerebral hemorrhage SAN 5 1937	July 5,1927	Peritonitis	3 days ago	
THE V. S.	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEAT

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signad)

(Addrass)

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

Date of onset

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
The same of the sa	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Perilonitis Other contributory causes of importance:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
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	1915 1921	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
M MILE IN TO	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

1	ADDITIONAL SPACE FOR	FURTHER STATEMENTS BY PH	IYSICIAN
Tovarile	erisalion ochane	e marce a maller	ree letter filed
under	Ochsers - 2/10/37 8	1	
	790	U	

FOR BINDING

MARGIN RESERVED

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. B.—WRITE

1. PLACE O	Cacil			Registration Diet No. O.C.		
Village or City Perry Point, Maryland (If d			(If	No. St., Was death occurred in a hospital or institution, give its NAME instead of street and number)		
2. FULL NA	MEEGGLE	STON, I	Rolly			
(a) Kesiden	ce: No. Buena Vi	(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSON	IAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
sex male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH December 23 , 1936 . (Month) (Day) (Year)		
a. If married, widow HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased fro		
	(month, day, and yaer)	April 9,	1892	Detober 6 ,1926 ,to December 23 ,19 36 Hast saw him aliva on December 23 ,19 36 ; death is sa		
. AGE Yea		Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at		
kind of v SAWYER 9, Industry or work we SAW MIL	ssion, or perticular work done, as SPINNER, , BOOKKEEPER, etc. business in which s done, as SILK MILL, LL, BANK, etc. ed last worked at pation (month and		time (yaars) ent in this cupation _UNK_NOW!	Spontaneous pneumo-thorax 12-22-36 Other Contributery Causes of Importance:		
z. BIRTHPLACE (ci	ty or town) Virg	inia ge Count	7	Tuberculosis, pulmonary, chronic far advanced July 1936		
13. NAME	unknown					
(Stata or	(city or town) unk	nown		Name of operation Date of Clinical & laboratory Westhare an autopsy?NQ		
15. MAIOEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN (Stata or country)				23. If daeth was dua to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
7. INFORMANT (Addrass)	Hospital rec	ords		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL SREMATION, OR REMOVAL PIece Buena Vista, Va. Oata Dec. 23 , 19.36			23, 19. 36	Manner of injury		
19. UNOERTAKER GTO TO PENNINGTON & SON Have de Grace, Mo. 20. FILEOT C 23 19319 Registrar.				24. Was disease or injury in any way ralated to occupation of demased. No If so, specify (Signed) C.F. DAVIS, M.D. Clinical Director (Address) Yet and m.Fac ility, Perry Point.		

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis ,	1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago 1 week ago	
Chronic interstitial nephritis		Run over by street car		
Cerebral hemorrhage JAN 5 1931	July 5,1927	Peritonitis	3 days ago	
THE THE STATE OF T				
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	
A CONTRACTOR OF THE PARTY OF TH		- 6-1993 Let 1 1 1991 1991		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH .	940
Sould a	County Ply for	Registration Dist. No.
item of should of OCC	Village or City Lord Ne lost	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurred of the state	
Evel MAD	2. FULL NAME String Tours	, If U. S. Veteran, specify WAR
D. Every YSICIANS statement	(a) Residence: No Last We Cosit	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E.A.	Temale white Windowed (write the word)	Nec. 0 193 6
NDING XMANENT X A C T L classified.	5a. If marriad, widowed, or Plyortad HUSBAND of	(Month) (Day) (Year)
BINDIN EXACT FXACT y classific	(or) WIFE of Legige J. Lounds	22. I HEREBY CERTIFY, That I attended decaased from
	6. DATE OF BIRTH (month, day, and year) 18 18 18	Hast saw h Malive on 2 1934 : death is said
P. P	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
FOR B. IS A PE stated E properly	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER ousewife SAWYER, BDDKEEPER, etc.	(1) min Alman 191
[T] LL		JAJ1197, 10475 71/6
ERVI K—T hould may	SAW MILL, BANK, etc.	
GESER GINK-GE shou that it m	this occupation month and spent in this spent in this	
RES NG I AGE that	Coxil Os.	Other Contributory Causes of importance:
ADII	12. BIRTHPLACE (city or town) (State or pountry)	Chror Hyrcarbis 193
ARGIN RI INFADING pplied. AGI ferms, so tha	13. NAME John Cambbell	(1,5)
TO DES	4 14. BIRTHPLACE (city or town) Club CD	Nama of operation Date of
FEE	(State of country)	What test confirmed diagnosis? Was there an aulopsy?
INCY, WIT be carefull EATH in pl	15. MAIDEN NAME Liza a, Soyd.	23. If death was due to external causes (VIOLENCE) fill in also the following:
ATH	16. BIRTHPLACE (city or town) / Claude Conference (State of country)	Accident, suicide, or homicide?
		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA Should OF D	(Address) for he losif, Md,	
	Hotsequell Cew , who of 8 ,36	Manner of injury
-WRIT	1/20/01 Patter.	Nature of Injury
" TEOF	19. UNDERTAKE CONTINUE OF THE	24. Was diseasa or Injury In any way related to occupation of daceased?
S. No.	12/7/ 200	(Signed) M.D.
> Z	20. FILED 7 19 3 6 No. N. Could and Registrar.	(Address) / HOME Selection ! !!!

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I DUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE O	MARYLAND—CERTIFI	CATE	OF	DEATH

1. PLACE O	F DEATH		(93,72)
County	Cegil		Registration Dist. No. 95
\	idence in city or town where	death occurredyrs	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos. ds. How long in U.S. If of foreign birth? yrs. mos. ds
2. FULL NA (a) Resider		crow peg	St., Ward.
		(Usual place of abode)	If nonresident give city or town and State
		TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5a. If married, widov HUSBANO of (or) WIFE of	ved, or divorced		22. HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH	(month, dey, and year)	Member 19-187	I last saw h 12 elive on 1926; to 1936; death Is said
7. AGE 6 (Yes	0	13 Oays If LESS than 1 day,hi	were as follows:
8. Trade, profe kind of SAWYER 9. Industry or	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc business In which	Refired invalid	Chronic Myocardiles
	s done, es SILK MILL, Mall, BANK, etced last worked at pation (month and	11. Total time (years) sport in this	
12. BIRTHPLACE (ci	ty or town) bec	conpation occupation	Other Contributory Causes of importance: Of armans 1916
13. NAME	Camuel BA	M. Euclough	
14. BIRTHPLACE	(city or town)	mand	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NA	ME Margar	Ct J. Permell	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE	(city or town)	ancoster les.	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT _ (Address)	valler &	For my	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAT	TION, OR REMOVAL	Quate Dec 29-, 19 3	Manner of injury
19. UNOERTAKER	Mia Jennie	W. Laylor	24. Was disease or injury in any way related to occupation of deceased? No
20. FILED 7	8 million	fuitation Registrar.	(Signed) Yeorgestu Kugul M. p. (Address) M. p. Kiring Luke, and.

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Chronic interstitial nephritis JAN 4 1991	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NA SECTION			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state of OCCUPA.

PHYSICIANS Exact statement

Every item of infor-

IS A PERMANENT REC stated EXACTLY. properly classified.

WITH UNFADING INK-THIS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLAI

MARGIN RESERVED

FOR BINDING

County Ceal		Registration Dist. No. 43	
Village or City autside of Ars	ing sun Ma	'NoSt.,St.,St.,	Wannber)
Length of residence in city or town where dea		ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME / Lenniet	ta Helling	If U. S. Veteran, specify WAR	
(a) Residence: No.		St Ward.	
(2) Nosidonos. 110.	(Usuaiplace of abode)	If nonresident give city or town ar	nd State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Femal White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>(</u>
ia. If married, widowed, or divorced HUSBAND OF (or) WIFE of	·	22. (HEREBY CERTIFY, That attende	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
	7	1936, to Deet	, 19.
B. DATE OF BIRTH (month, day, and year)	ar 6 /85f	I last saw had alive on 193	6-; death i
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
18 9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	,		
	use works	Chanic my cartiles	193
9. Industry or business in which work was done, as SILK MILL,		1	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)		
this occupation (manth and year)	spent in this occupation		
7/1/	1010	Other Contributory Causes of importance:	
(Stata or country)	ec coi	V	
1 11	na		
13. NAME & armen for	hong		
14. BIRTHPLACE (city or town) Carfor	L Co	Name of operation Date of	
(State of country)	ma'	What test confirmed diagnosis? Was there ar	autopsy?_
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	www.	23. If death was dua to external causes (VIOLENCE) fili In also the foliowi	ng:
16. BIRTHPLACE (city or town)	you	Accident, suicida, or homicide? Date of Injury	, 19.
(Stata or country)	house	Where did injury occur?(Specify city or town, county and St	tate)
7. INFORMANT Welliams	July Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	PLACE.
8. BURIAL, CREMATION, OR REMOVAL READ CASALVEL Syd.	Date 1 200 / 8 , 19 3 6	Manner of Injury	
LO Tu		24. Was disease or injury in any way related to occupation of deceased?	7.
19. UNDERTAKER (Address)	dem And	if so, specify	
20. FILED 00/6-, 1936	the office of	(Signed) F. T. Survigações S.	m Je
Novice 111. 1100	Muly Registrar.	(Address) De la	

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Chronic interstitial nephritis 4 1931	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	<u></u>		
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH

din	V. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\	1	l.
	ORD. Every	HYSICIANS	t statement		-	-
1	T REC	Y. Pl	Exact		3. 7 5a.	SE
2011	MANEN	ACTL	assified.		5a.	If
1	A PER	ted EX	perly cl	ificate.	7.	O A
1	SI SIJ	be sta	be pro	of cert	NOI	
The state of the s	INK-TE	Plnoys 3	t it may	on back	OCCUPATION	1
707 17	DING	AGI	so tha	etions	12.	В
District and a district with the state of th	H UNFA	supplied	in terms,	TION is very important. See instructions on back of certificate.	FATHER	B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	LY, WIT	carefully	TH in pla	portant.	MOTHER FATHER	1
1000	LAIN	ould be	F DEA	ery im	17.	11
	ITE I	on sho	ISE O	N is V	18.	B
	B.—WR	mati	CAU	TIO	19.	υ
	-	1	-		20.	F

1. PLACE OF DEATH	B)
County Cecil	Registration Dist. No. 92
Village or City. Elkton (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. 250/ E 2 2 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Jewale 4. COLOR OR RACE OR DIVORCEO (write the word) Single, MARRIED, WIDOWED. OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If marriad, widowed, or divorcad HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of	22. I HEREBY CERTIFY. That I attanded daceased from
6. OATE OF BIRTH (month, day, and year) May 24 1859	Hast saw h alive on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at / O - m.
77 6 /6 /16 ormin.	The PRINCIPAL CAUSE OF GEATH and related causes of Importance were perfectly the property of the Principal Cause of Caus
8. Trade, profassion, or perticular kind of work dona, as SPINNER, At SAWYER, BOOKKEPER, atc.	Chronice Interesting Kepl :
kind of work dona, as SPINNER. SAWYER, BOOKKEPER, atc. 9. Industry or businass In which work was dona, as SILK MILL, SAW MILL, BANK, atc 10. Data decassal last worked at this occuration donated and the state of the same than the same	Chrome Myrearl to
10. Data decassad last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Carlisla 17 D (Stete or country)	Other Contributory Causes of Importanca:
14. BIRTHPLACE (city or town) Carlesle	Neme of operation Dete of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Way Williams 16. BIRTHPLACE (city or town) Carlisle	23. If daath was due to extarnal causas (VIOLENCE) fill in elso tha following: Accident, suicide, or homicide?
X (Stata or country)	Where did injury occur?
17. INFORMANT Miss Catharine & Wilson (Address) Elector mad	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Foundary Park Centry Data DEC 14, 1936	Natura of injury
19. UNDERTAKER It wright	24. Was diseesa or injury In eny way related to occupation of dacaased?
20. FILED Dec 14, 1936 & Frank Frank.	(Signed) Herbert Boloo M. D. (Address) Elklon Zul

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cercbral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

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ADDITIONAL	SPAULI	JUK	FURTHER	STATEMENTS	DI	LUISICI	PLA

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
infor- state UPA-	1. PLACE OF DEATH	124	83
ould occ	county Ce cec Co	Registration Dist. No. 95	
sho of O	Village or City Colora Med	No. St.,	Ward
. 70	Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and numb ds. How long in U.S. if of foreign birth?	er) ds.
D. Every rSICIANS	2. FULL NAME Rev Albert - A. St.	bohmael	
D. 1 SIC tate	(a) Residence: No. Oplora rud	St., Ward.	
PHY set su	(Usual place of abode)	If nonresident give city or town and State	e
NEC P P P Sxac	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	male while OR DIVORCED (write the word)	Lee 30 193	6
NG VEN TI	5a. If married, widowed, or divorced HUSBAND of		(Year)
DIU TAN A C A S	(or) WIFE of Lilie Helphunau	22. I HEREBY CERTIFY, That I attanded decea	ased from
BIN EX EX y cla	6. DATE OF BIRTH (month, day, and year) Succe 10 1868	I last saw h 200 alive on 200 30 , 19 36; dea	19.26.
FOR B IS A PE stated E properly certificate	7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 1 - 4 5 - 2m.	atii 12 2aid
FOF IS A state prope	68 6 mo 20 1 day, or hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
- 01	8. Trada, profession, or particular kind of work dona, as SPINNER Inch Minister SAWYER, BOOKKEEPER, etc.	acute Lobor Brumoiss	te of onset
VED-THIS	9. Industry or husiness in which	/	La Zi
K-T nould may back	work was done, as SILK MILL, SAW MILL, BANK, etc		
RESER G INK- GE shou that it mins on ba	O this accupation (month and		
ARGIN RI NFADING plied. AGI erms, so tha instructions	A 16 R.	Other Contributary Causes of importance:	
IN IDI	12. BIRTHPLACE (city or town) Oracle (State or country)	Influenza (Trippe)	1421
RGIN VFADI plied. rms, se	13. NAME Rev. Henry to Helelina		
MA H UN supp in ter	13. NAME Rev. Hury to Helluna 14. BIRTHPLACE (city or town) Laurantes Co. P.	Nama of operation 20 alexalem Date of	
TTH Ily Ily Ilair	(State or country)	What test confirmed diagnosis?	sy? 167
WI WI in p in p int.	15. MAIDEN NAME CLEEC COLA	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
EATH in important	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? None Date of injury Vo;	٠٠٠ حـ ١٩٥
ALLY, Id be can DEATH	(State or country)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	17. INFORMANT CIEBLE TO THE CARLOS CALLOS CA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
F-7 70	18. BURIAL, CREMATION, OB REMOVAL	Manner of injury Arme	
WRITE ation s AUSE ION is	Place Woodlawn Centy Date you D 19:36	Nature of injury	
-WRITE mation s CAUSE FION is	19. UNDERTAKER L. E. Tysent.	24. Was disease or injury in any way related to occupation of deceased	
No.	(Address) Busing Sun Md.	If so, specify	
N. S.	20. FILED 20 19	(Signed) must out and	M. D.
//2.	Tomore blanks are wedded, address State Registrary	(Address) Allthough Charles Street Ballonge Pagesting 71 St No.	ud.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 4 1937	July 5,1927	Peritonitis	3 days ago
1 5/ 6. 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Arteriosclerosis IAN 5 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of instant	
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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	12485
1PLACE OF DEATH	STATE OF MARYLAND
County Cecif	CERTIFICATE OF DEATH
County	
V2. 11 -	Registration Dist. No.
Village or City Coannes (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME Theodore Law	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Sec. 53, 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 22 1864	Dec 3 1936 . Oce 50 1936,
(Month) (Day) (Year)	that I last saw h imalive on Dec 52, 1936,
7 AGE [If LESS than	and that death occurred on the date stated above, at 5 m.
72 yrs. / mos, /3 ds. or min.?	The CAUSE OF DEATH * was as follows:
	Thoughtof Herma
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) yrs. tnos 3 ds,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Mayland	Secondary
10 NAME OF	(Duration)
FATHER Henry Lambert	(Signed) M. D.
o 11 BIRTHPLACE	19Z (Address) Magleton - Def
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Sallie Cartes	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
le PIQ	Former or usual residence
(Informant)	19 PYACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wainer Md.	Jas alrass and 12/9/ 1036
15 Filed Ne 8 1936 X9 Corvai	20 ville Tamels Townsend Del
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Laborerwithout more precise specification as Doy (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal mine, etc. Wom-Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is *Epidemic cerebrospinal meningitis"); *Diphtheria (avoid use of *Croup"); *Typhoid fever (never report "Typhoid Pneumonia"); *Lobar pneumonia, *Bronchopneumonia* ("Pneumonia,")



(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; inges, peritonocum, etc., Carcinonia, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping American Medical Association.) approved by Committee on (Recommendations on Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic statement of cause of valvulor heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9
County_Cecil	Registration Dist. No. 92
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos,	ds. How long In U.S. if of foreign birth? yrs
2. FULL NAME Shirly danny rice	- dogan
(a) Residence: No. Cost Med (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DEC. 94 (Year)
5a. If married, widowed, or divorced	(month) (bay) (lear)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1 17 1021	19 8 - ,19 36 , to USU 9 - ,19 36
	I last saw h
AGE lears months Days IT LESS than 1 day,hrs.	to have occurred on the data stated above, at
	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	D OID-C
9. Industry or business in which	Bronched Juliani.
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
h roll E.	Other Cautributary Causes of importance:
(State or country)	
13. NAME COMING GALL	we fund
H A DISTURBLANCE	None of security
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LOCAL MY January	23. If death was due to external causas (VIOLENCE) fill In also that following:
TO PURTURE ACT CITY TO A SATTE FOR THE	Accident, suicide, or homicide? Date of Injury 19
State or country)	Where did injury occur?
17. INFORMANT) telen m. Togan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manage of tall 111
Place horth East ME. Data Dec 11 19 36	Manner of injury
19. UNDERTAKER Joseph R. Trant	24. Was disease or injury in any way related to occupation of deceased?
(Address) North Sach Med	If so, specify
20. FILED /10 - 1936 & Frank Stayer	(Signed) face of leftimety M.D.
Registrar.	(Address)
	1. PLACE OF DEATH County Village or City Length of residence in city or town where death occurred

WITH UNFADING INK-THIS IS MARGIN RESERVED

FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
GAN O 1537			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	150
County Delight.	A Registration Dist No. 97
Village or City Ellelon	No Mark HVO Mark St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmas.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMES YOU Kalf. M.D.	one JU. S. Veteran, specify WAR_
(a) Residence: No. Mothyliam (Dat. (Calret)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX A 4 COLON OR RACE 5 SINGLE MARRIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 14. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Mary Cereth 'M Darrel	22. 12 I HEREBY CERTIFY. That I attended daceased from
Oct 10 1000	I last saw h Walive on 2 - 18 daath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, a 45 m.
37 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	ware astollows: Date of ongot
8. Trada, profession, or particular kind of work dona, as SPINDER We get Yardne SAWYER, BOOKKETPER ACTUAL SEASE Yardne	Streptococore
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Pinadama
kind of work done, as STUMBE SAWYER, BOOKKEPPE CALL SEGME YOURSE 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	Aphlema.
this occupation (month and spant in this occupation year)	- Pairnaly sauce - Septie some the
DEPTHEN ACT (situation)	Other Contributory Causes of Importance: Aonsiles owgo?
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME True M. Donell.	
14. BIRTHPLACE (city or town) Pa	Name of operation. Data of
(State decountry)	What test confirmed diagnosis? Was thara an autopsy?
15. MAIDEN (VAMPLE) The a Correction 16. BIRTHPLACE (city or town) (Statemer country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
(State pr country)	Whera did injury occur? (Specify city or town, county and State)
17, INFORMANTUR Butha Min onelle (Address) notthe and the fa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Herell granf Class Date III 2/, 19 6	Nature of injury
19. UNDERTAKER In Earl Josefan	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Riving Am Mod	If so, specify
20. FILE DEC 18 100 & Francis Hager	(Signad) M. O. M. O. M. O.
Registrar.	(Address) change sum Mill.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
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BINDING

RESERVED

ARGIN

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis JAN 5 1927	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 19450
1. PLACE OF DEATH	
County Court	Registration Disk. No. 92
Village or City Elston	Nelling Arch St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residenca in city or town where daath occurredrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Saly. Vous	If U. 2. Veteran, specify WAR
(a) Residence: No. / Residence	_sMCGard
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 5. SINCLE, MARRIED, WIO OWED. OR DAYORCED (write the word)	21. DATE OF DEATH 12 4 , 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBANO o1	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased Iron
11 11 36	19 to 19 19
6. DATE OF BIRTH (month, day, and year)	I last Swin 19 ; death is sain
7. AGE Yaars Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a volloge. Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER.	sift vory.
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased lest worked at this occupation (month end spin of the same time this securation (month end spin of the same time this securation (month end spin of the same time this securation (month end spin of the same time this securation (month end spin of the same time this securation (month end spin of the same time this spin of the same time the same time the same time time time time time time time ti	5/1 monlys
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	1/4 7 7
SAW MILL, BANK, atc	' fistanti
O 10. Data deceased lest worked at this occupation (month end yaar)	
40 htin med	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME 14. BIRTHPLACE (city or terms 1.1.	
4 14. BIRTHPLACE (city or town	Name of operation Date o1
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ECHIQUE (City or town)	23. If death was due to external causes (VIOLENCE) fill in also the Iollowing:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
∑ (Stata or country)	Whare did injury occur?
17. INFORMANT Equa h orr (Address) Reing	(Specify city or town, county and State) Specily whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceOate19	Natura of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Willy , 1936 & Dawl Trayer	(Signed) M.
Registrar.	(Address) Charles III
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	0 1 0 1931	July 5, 1927	Peritonitis	3 days ago
	U V.S.			
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

of OCCUPA-

Every item of infor-

	3		OF MAR	YLAND-	CERTIFICATE OF DEATH	2430	
1	1. PLACE OF				(165)		
1		ecil			Registration Dist. No. 76	?	
	Village or City_	Perry Poin	t		NoVeterans Administration Facility	y Ward	
	Length of residen	ca in city or town whare	death occurred	Wyrslmos	death occurred in a hospital or institution, give its NAME instead of street an	d number) .mosds.	
:	2. FULL NAME	Mitchell	H. Park	er	If U. S. Veteran, specify WAR World War	b	
1	(a) Residence:	No. Berlin,	Maryland (Usual place	of abode)	St., Ward. If nonresident give city or town a	and State	
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3.	Male 4.	COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH 12 27	, 193_6	
5a.	. If marriad, widowed.		Harri	Datt	(Month) (Day)	(Year)	
	HUSBAND of (or) WIFE of Flo	ra Parker			22. I HEREBY CERTIFY, That I attended Nov. 15, 1936, to Dec. 27,		
6.	DATE OF BIRTH (mos	nth, day, and year) Se	nt on hor 5	1895	i last saw h.im alive on December 27,, 136		
	AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 6:40P .m.		
	41	3	22	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Oate of onset	
Z	8. Trade, profession	n, or particular					
TIO		dona, as SPINNER, OKKEEPER, etc.	Farmar		Suicide by strangulation - tied		
UPA	9. Industry or busi work was do SAW MILL, E	ness in which ne, as SILK MILL,			necktie about neck		
OCCUPATION	1D. Data deceased to		spe	tima (yaars) ent in this upation un longw			
12		town)_Pittsvi			Other Contributory Causes of importance:		
ER	13. NAME TELL	Parker					
FATHER		ty or town) unk	a o wn		Name of operation Oate of What test confirmed diagnosis? Was thera a		
ER	15. MAIDEN NAME	Martha De	nnis				
15. MAIDEN NAME Martha Dennis 16. BIRTHPLACE (city or town) Unknown (State or country)				777777777777777777777777777777777777777	23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? SUICIDE Oate of injury 12/27, 19 Where did injury occur? Vot 27888 Admin death of a base of the following:		
17.	. INFORMANTFI	ospital reco	ords		Where did injury occur? Voterans Administration Specify Whether in Part to the rad Specify Whether in Public Specify Wheth	PLACE. Ty	
18	BURIAL, CREMATION	in, Md. /	Data 12/2	9 1936	Manner of injury Stuffed small booklet in Nature of injury Strangulation	throat	
19	(Addross)	nington & S	12		24. Was disease or injury in any way related to occupation of deceased? If so, specify	no	
20.	FILED 12/2	THE WALL	H Dan	dees,	(Signad) Manley D. Geffers	C.S.	
				Registrar.	(Address)	none	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of 'engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1411 5 1937	July 5,1927	Peritonitis	3 days ago
C PUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
• •			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9112
County Ceal 1	Registration Dist. No. 94
Village or City North East R. D.	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME William A. Phila	91
(a) Residence: No. North Earl Md Rd	Vst., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Under the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Demond	22. I HEREBY CERTIFY That I attended deceased from 26 1936 to Dec 27 1936
6. DATE OF BIRTH (month, day, and year) Oct. 16, 1850	I last saw h alive on Dre 26 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
86 2 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	A)
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Coronary Embalin 12
work was done, as SILK MILL, SAW MILL, BANK, etc.	X
- I Spont in this	
Ola harba Cit	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E 13. NAME Thomas Phillips	
13. NAME 14. BIRTHPLACE (city or town) Champes the City	Name of operation
(State of Coentry)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town).	Accident, suicide, or homicida?
m	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in industrit, in nome, of in robers FLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / 1. Z . / 1. E . Date / Date / 30 . 190 h	Nature of injury
19. UNDERTAKER TO SEED K. C. C.	24. Was disaase or Injury In any way related to occupation of deceased?
(Address) Mouth Cast Ind	(Signed)
20. FILED L - 28 , 19 6 Les M. Cleures Registrar.	(Address) Namh East md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis JAN 4 1937	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALINEAU 1. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	. Every item of infor-	ICIANS should state	atement of OCCUPA-	
BINDING	PERMANENT RECORD	HEXACTLY. PHYS	rly classified. Exact st	cate.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAINLY,	mation should be car	CAUSE OF DEATH	TION is very import

	STATE OF MARY	LAND-	CERTIFICATE OF DEATH	
	1. PLACE OF DEATH		16406	
	County Cocil		Registration Dist. No. 96	
	Village or City Veterana' Administra	tion Fac	iliws, Perry Point, aryland. St., Ward	
	Length ot residence In city or town where death occurred	yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. it of foreign birth?yrsmosds.	
1	(a) Residence: No. Sreembora (Usual place of a	med.	If U. S. Veteran, specify WAR world War St., Ward. If nonresident give city or town and State	
	PERSONAL AND STATISTICAL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE S. SINGLE, MARRIE OR DIVORCED (1)	write the word)	21. DATE OF DEATH December 13 , 193 6 (Month) (Day) (Year)	
5a.	If married, widowed, or divorced HUSBAND ot (or) WIFE ot ANNIA WALLS		22. I HEREBY CERTIFY, That I attended deceased from	
6.	DATE OF BIRTH (month, day, and year) 4 Jun 2, 15, 18	95	December 12 ,19 36to December 13 ,19 36 Hast saw h. im alive on December 13 ,19 36; death is said	
	AGE Years Months Days	It LESS than	to have occurred on the date stated above, at	
	81 0 28	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es tollows:	
OCCUPATION	8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Parmer 9, Industry or business in which	Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
UP/	work was done, as SILK MILL, SAW MILL, BANK, etc.			
၁၁၀	10. Date deceased last worked at this occupation (month and snent in	(years) i this ion 27 47		
12.	BIRTHPLACE (city or town) Gransboro (State or country) Maryland		Other Contributary Crosses of Importance:	
ER	13. NAME William Findar		Turnament hibiculation	
FATHER	14. BIRTHPLACE (city or town) Unicarn (State or country)		Name ot operation Date of	
2	15. MAIDEN NAME Clare Hursey		What test confirmed diagnosis? Lutopsy Was there an autopsy? Yas	
MOTHER	16. BIRTHPLACE (city or town) Unknown (State or country)		23. It death was due to external causes (VIOL ENCE) fill in also the tollowing: Accident, suicide, or homicide?	
17.	INFORMANT Brotherein-law, William	Dayraru	(Specify city or town, county and State) Specity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	Place Greensboro, Md. Date 12-13	-36 _{, 19}	Manner of injury	
19.	UNDERTAKER R.B.RAWLINGS (Address) Greensboro Maggard FILED 1913 1936 Co Sand	eso Registrar.	24. Was disease or injury in any way related to occupation of deceased? No. If so, specity (Signed) (Address) Typo Cover	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

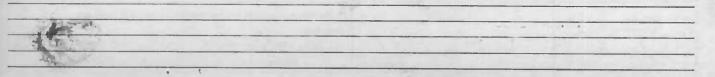
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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 near



FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12493
1. PLACE OF PEATH	TOTAL DA
County CECIO.	Registration Dist. No.
Village or City Caclory (not	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a noipital or institution, give its IVAIVIE, instead or street and number) dsdsdsdsdsdsdsdsdsdsds
2. FULL NAME POSA Price	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, ok DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of SAACS Price)	22, I HEREBY CERTIFY, That I attended deceased from Del 19 1936 to December 7619 36
6. DATE OF BIRTH (month, day, end year) Wulkerroom	Hast saw her alive on Auchenebur 76,1936; deeth is said
Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or perticular	were as follows: Oate of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date teceased last worked at spenting this scent in this	Deneho memona
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
o as occupation (month of the spant in this occupation	
12. BIRTHPLACE (city or town) Recio Co. Ind.	Other Contributory Causes of importance:
(State or country)	ald aga-
13. NAME (INTENSIONS	
13. NAME (LILL SULLING) 14. BIRTHPLACE (city or town)	Name of operation
(State of county)	What test confirmed diagnosis?
15. MAIOEN NAME (UNDENSION)	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME (Undersourd) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Robert Johnson	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Decillon Comeling Date Dec. 29, 1986	Manner of injury
19. UNDERTAKER A CHARGE (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED DE 29, 19 36 DOWALL REGISTRAT.	(Signed) Calcurate tords M.D. (Address) Callton
If more blanks are needed address State Resistrar	2411 N. Charles Street Ralsimore Requesting T. S. No. 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Arteriosclerosis 1915 Att Chronic interstitial nephritis 1921 Ru Cerebral hemorrhage July 5, 1927 Per	e principal cause of death and related causes importance were as follows: ack of epilepsy n over by street car ritonitis	1 week ago
Chronic interstitial nephritis 1921 Ru Cerebral hemorrhage July 5,1927 Per	n over by street car	1 week ago
Cerebral hemorrhage July 5,1927 Per		1 week ago
11 344 5	itonitis	
		3 days ago
		- ango ago
Other contributory causes of importance.		
Oli	ner contributory causes of importance:	
Gallstones Man 1 1008 Ca	stroenteritis	1 year
may 1,1320 Ga		1 gear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH 12494

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 3027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year
			10

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OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		93-C	
County Control		Registration Dist. No. 9	2
Village or City Please	mt Helf-rus	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where d	leath occurredyrs,mos	ds. How long in U.S. If oI foreign birth?yrsm	osds.
2. FULL NAME Somie (a) Residence: No.	may & scale	If U. S. Veteran, specify WAR St Ward.	
(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTI	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE LO help	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH December 12 = (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divosced HUSBAND of (or) WIFE of	Baker Speakman	22. I HEREBY CERTIFY, Thet I attended	
6. DATE OF BIRTH (month, dey, and yeer)	bil 4 11 166	I last saw have elive on 756.7-, 19.26	
7. AGE Years Months V	Days II LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:	Date of onset
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	V	Throm nurocarditis	192
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town)	tes Cosp Pa	Other Contributory Causes of Importance:	-
13. NAME Manning	Schade		
13. NAME Manning	V	Name of operation Date ol	
(Stele of Country) decice	as les les la	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME May V	re Kashin	23. II death wes due to externel ceuses (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury	•
17. INFORMANT Relph &	peakman	Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ate) .ACE.
(Address)	ness of	Manner of intury	
Place Oford Pa	Date Dec 16, 1936	Nature of injury	
19. UNDERTAKER OF ROAD (Address)	ens E	24. Was disease or injury in any way related to occupation of deceased?	7
20. FILED DEC 12, 19/36 JE	Baus Hage	(Signed) (Address) (Address)	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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nore Bank Geneeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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V. S. No. 1

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Example I	13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 213/2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

	F MARYLAND-	CERTIFICATE OF DEATH	2497
1. PLACE OF DEATH		R-O	,
Village or City Electron N		Registration Dist. No. St., I death occurred in a hospital or institution, give its NAME instead of street an	War
Length of residence in city or town where		ds. How fong In U.S. if of foreign birth?yrs	
2. FULL NAME (a) Residence: No.	Characture, Ga	St., Ward.	
DEDSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town a	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of War a S	tubbs	22. I HEREBY CERTIFY, Thet I attend May 1932 18 to Dec 13	ed daceased fro
6. DATE OF BIRTH (month, day, and yaer)	ec 29 1870	I last sew h sa alive on Dec 12 193	4.; death is sa
7. AGE Years Months	Days If LESS then 1 dey,hrs. ormin.	to heve occurred on the date stated abova, at	Date of onse
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	of storme	Carcinoma of stomach	1934
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		0	
10. Date daceesed last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation	Other Canadantus Canada at impedance	
12. BIRTHPLACE (city or town) Ches (State or country)	frak City	Other Contributory Causes of importance:	
i 13. NAME James a	Boulden		
14. BIRTHPLACE (city or town) Character (State or country)	sapeake City	Name of operation	n aulonsy?Zo
15. MAIDEN NAME Emma	Doble	23. If deeth wes due to external causes (VIOL ENCE) fill in also the follow	
16. BIRTHPLACE (city or town) Corrections (State or country)	lisle	Accident, suicida, or homicida? Date of injury Where did injury occur?	
17. INFORMANT War Harve	& Stubbo	(Specify city or town, county and S Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	y Data Dec 15, 193 (Mannar of injury	
19. UNDERTAKER Dikton	This	24. Wes disease or injury in any wey raieted to occupetion of deceesad?	
20. FILED 12/15, 1936 B. a	H. Brown Registrar.	(Signad) De Vocero	Wel M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 5 1937	July 5,1927	Peritonitis	3 days ago
EAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

10 1 15			
3 ¹¹ 🚓			
Take A			

1. PLACE OF DEATH	108
County C'ecil	Registration Dist. No. 92
Village or City Claton (If	No. Tanion Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mollie Thompso (a) Residence: No. Orincipio mol	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	Month) S 193 6 (Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of Pleo J. Thompson	22. I HEREBY CERTIFY, Thet I ettended daceesad from Noon Que 6, 1936, to 100 low 8, 1936
6. DATE OF BIRTH (month, day, and year) Dec 27 1887	I lest saw h 91 alive on Lee 8 , 1936 deeth is said
7. AGE Years Months Deys If LESS then	to have occurred on the data stated abova, a 3
48 9 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:
8 Trade profession or perticular	Leban Premoure - night - 1004-
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Deta deceased lest worked et this occupation (month and specific properties) spant in this	
10. Deta deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Trungdy County (State or country)	Other Contributory Causes of importence:
13. NAME Ramus Thompson	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of
(Stata or country)	What test confirmed diagnosis? Celercel Was there en eulopsy? Iso
15. MAIDEN NAME ama Hill	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicida, or homicida?
17. INFORMANT Mrs Chas Librar T	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	
Place Person in E Date Dec 11 1936	Manner of injury
19. UNOERTAKER (Address)	24. Wes disease or injury in eny wey releted to occupation of deceased?
20 FILED 19 10 - 19 36 & Drawn Bager	(Signed) Mildord H. D. Aleken M. D.
Registrar.	(Address) L. Q. C. T. T. C. L. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

of ACCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12499
1. PLACE OF DEATH	gand O
County Cell Co-	Registration Dist. No.
Village or City Baspier	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Lorg White	
	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lingle	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov-23-1857	i last saw hare alive on Dec 24, 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
79 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	Jen Jen
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this execution of the program of the progr	le ryocardiles 1936
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Davation: three welks
10. Date decessed last worked at this occupation (month and algorithms) 11. Total time (years) spent in this occupation	Cws II
12. BIRTHPLACE (city or town) Calvert (State or country)	Other Contributory Causes of importance:
E	Name of operation Date of Date
14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis?
15. MAIDEN NAME MARKE COLAWELL	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) week through the	Where did injury occur?
17. INFORMANT Ma Ower End Md R. L.S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL The form	Manner of injury
Place Repet to the State Date Dec 10, 1950	Neture of injury
19. UNDERTAKER JOSEPH R. Granty	24. Was disease or injury in any way related to occupation of deceased?
(Address) Joseph Fort Ma-	If so, specify
20. FILED 12-218-3419 Lis lu. Queux	(Signed) M. D.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- 96 5 7 m				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

D. Every item of infor-OCCUPAshould Jo YSICIANS statement Exact stated EXACTLY. PERMANENT properly classified. BINDING certificate. FOR IS A WITH UNFADING INK-THIS MARGIN RESERVED should be Jo CAUSE OF DEATH in plain terms, so that it may See instructions on back supplied. carefully TION is very important. mation should be -WRITE

V. S. No. 1

(Address) 18. BURIAL, CRIMATION, OF

19. UNDERTAKER

(Address

state

L. PLACE OF DEATH County	Registration Dist. No. 40
Village or City Ceclon , Mrs. (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. If of loreign birth?
(a) Residence: No. Cecile My (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) If married, widowed, or divorced	21. DATE OF DEATH December 2/ 193 JG (Month) (Day) (Year)
HUSBAND of (or) WIFE of DATE OF BIRTH (month, day, and year) AGE Yaars Month Days II LESS than I day,hrs. ormin. 8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	22. I HEREBY CERTIFY. That I attended deceased from Lec. 19 5 to 2 1, 19 5 to I last saw h 1 alive on 20 1, 19 5 to The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest Cause Myseurelists 12 4
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Other Contributory Canses of Importance:
13. NAME Osev. Kenry Whitlock	Myrenshal failure 12.2
14. BIRTHPLACE (city or town) Cerif counts (Stata or country)	Name of operation
15. MAIDEN NAME Soffice Kins 16. BIRTHPLACE (city or town) Ceril Counts	23. Il death was due to external causes (VIOL ENCE) fill in also the following: Accidant, suicide, or homicide?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner ol injury

If so, specily (Signad)

(Address) _____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 3	July 5, 1927	Peritonitis	3 days ago
BUNGALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 12501
1. PLACE OF DEATH		1072
County Cecil	*******	Registration Dist. No.
Village or City Feslie		NoSt., Wai
Length of residence In city or town where death of	2	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mos
2. FULL NAME Effice	Whitewar	If U. S. Veteran, specify WAR
(a) Residence: No.		St Ward.
	(Usual place of abode)	if nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel	Putium	22. THEREBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) Fib	4 10 1855	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1215 m.
81 10	2 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were last follows:
8. Trade, profession, or particular kind of work done, es SPINNER, CAT SAWYER, BOOKKEEPER, etc	Home	Date of one
kind of work done, es SPINNER, ATSAWYER, BOOKKEEPER, etc		Ja Como de Viva Communitario Ja
1D. Date deceased lest worked at this occupation (month and yeer)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Wayne	Country	Other Costributory Causes of Importance:
(State or country)	F_	
13. NAME 22 ar	re County	Name of operation
(State of country)		What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Lydra S 16. BIRTHPLACE (city of town)	· Lucies	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city of town)	youndin	Accident, suicide, or homicide?
- (State of country)		Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 4/2 Ocean Care	Brookly 41	Opening married injury occurred in Industria, in nome, of in Fudelo FLACE.
18. BURIAL, CREMATION, DR REMOVAL	7	Manner of injury
Place Deville Ohio De	te Jan 1 ,1937	Nature of injury
19. UNDERTAKER TY. W. P.	·	24. Was diseasa or injury in eny way related to occupation of deceased?
(Address) Elkton zud		If so, specify
20. FILED 2-31-36,19 Jun 1	V. Quessa. Registrar.	(Signed) (Address) BANG SULL MA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	OF MARYL	AND—	CERTIFICATE OF DEATH 12502
Can	0		92
County Ou Ton	Veruit Gonzon		Registration Dist. No.
Village or City (Laston		(If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town when	re death occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mat	Tamed	Wilso	N If U. S. Veteran, specify WAR
(a) Residence: No.			St., Ward.
	(Usual place of ab		If nonresident give city or town and State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OF RACE	5. SINGLE, MARRIED OR DIVORCED (w		$/\nu - /9$ 1936
5e. If married, widowed, or divorced	1		(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That Jettended deceased from
	Dec . 19		l lest saw h elive on 19 ; deeth is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at
VV	1	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticuler	1 01	rmin.	were esfollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	X		0.
9. Industry or husiness in which			H 100 c
work was done, es SILK MILL, SAW MILL, BANK, etc			Alloon ,
10. Date deceased last worked et this occupation (month and year)	11. Total time (spent in occupation	this	Tremature 7 mos foeles
C /	7/ 72	. 0	Other Contributor Causes of Importance
12. BIRTHPLACE (city or town).	loce /ll	Of	January voca.
1 11 10	Pen 111' Pa	all	
E	Alicano 110		Name of operation
14. BIRTHPLACE (city or town) (State or country)	ne	cl	What test confirmed diegnosis? Was there an autopsy?
# 15. MAIDEN NAME Paths	nne Ma	y	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME ATTACH	eciltone	,	Accident, suicide, or homicide? Date of injury, 19
State or country)	mo	1	Where did Injury occur?
17. INFORMANT Charles	Wilson.	×) /	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	chease al	nuc	
18. BURIAL, CREMATION, OR REMOVAL	12/100	2/	Manner of injury
Place W I Town	Date	, 19	Neture of injury
19. UNDERTAKER 210	/		24. Was disease or injury in any way related to occupation of decaased?
(Address)	7	25	If so, specify
20. FILE SEC 19 1976	1 Fraces (7	race	(Signed) M, D
		Registrar.	(Address) Majestilety Md.
If m	ore blanks are needed, addre	ss State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 JAN 5 1937	July 5,1927		3 days ago
BURNAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــــــــــــــــــــــــــــــــــ		